

FIELD INSPECTION REPORT USEPA - REGION 5

Class 1 Wells - Underground Injection Control Program

(Fill out one report for each well inspected)

Date of last inspection 4-30-2004

Inspection Date 8-9-2004

OPERATOR

WELL DATA

Name	NORTHEASTERN EXPL. INC.	Well Name	DAVIS # 1-19 ✓
Address	1180 M-82 5000 MARSH RD. STE. 17	USEPA #	MI-119-1I-C002
City, State, ZIP	JOHANNESBURG, MI. 48864 OKEMOS, MI. 48864	State #	39935
Phone/Mail Contact	DENNIS HALL	County / State	MONTMORENCY, MI.
On-site Contact (signing below)	PAUL HUSTED	Locational Information	T 30 N; R 1 E; Sec. 19 Qtr. Section NE SE SW
Phone #	989 517-786-4346		Latitude _____ Longitude _____
Fax #	989) 786-1134	Completion Date	

Inspection Type (check one) ☐ ROUTINE ☐ COMPLAINT ☐ COMPLIANCE
 Notification (check one) ☒ UNANNOUNCED ☐ ANNOUNCED (date scheduled _____)

PERMIT LIMITATIONS

Characteristic	Limitation	Monitoring Frequency (e.g. Continuous, Monthly, etc.)
Injection Pressure	10 PSIG MAX.	CONTINUOUS / MONTHLY
Annulus Pressure	100 PSIG MIN.	CONTINUOUS / MONTHLY
Min. Annulus/Injection Differential	100 PSIG	CONTINUOUS / MONTHLY
Specific Gravity		MONTHLY / MONTHLY
Flow Rate		CONTINUOUS / MONTHLY
Cumulative Volume		CONTINUOUS / MONTHLY
Annulus Fluid Loss		MONTHLY / MONTHLY
pH		? / ?

(NOTE: Write in NA if value is Not Applicable to the situation.)

TALIB SYED & ASSOCIATES, INC.(TSA) CONTRACT FIELD INSPECTION		
INSPECTOR	SIGNATURE	DATE
CHARLES E. BROWN	Charles E. Brown	8-9-2004

COMPANY REPRESENTATIVE		8-9-04
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OPERATING CONDITIONS

Gauge Reading

Recorder Reading

WELL STATUS

TUBING PRESSURE (psi)	12" VAC.	12" VAC.
ANNULUS PRESSURE (psi)	361 # FISHER CHART RECORDER	362 # KIMRAY
FLOW RATE (show units used)	165 GPM	164 GPM.
CUMULATIVE VOLUME (show units used)		479,418 GAL. MONTH. 301,817 GAL. Today.
SIGHT GLASS LEVEL	4' 2"	
INJ. TEMPERATURE (EF)	NA	
pH	NA	
OTHER	NA	

<input checked="" type="checkbox"/> ACTIVE
<input type="checkbox"/> SHUT IN

(NOTE: Write in NA if value is Not Applicable to the situation.)

MONITORING SYSTEMS

Comments

ALARM SYSTEM PRESENT?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ALARM SYSTEM TEST RESULTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
PRESSURES AT WHICH ALARM SYSTEM TRIPPED (INJ. / ANNULUS)	ANN. DIFF. 150 PSI.	10 PSI. LIGHT COMES ON. / MUST BE SHUT IN MANUALLY. INJ. NO INJECTION PUMP.	
AUTOMATIC SHUT-OFF SYSTEM PRESENT?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	MANUAL
AUTOMATIC SHUT-OFF TESTED?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
PRESSURES AT WHICH SHUT-OFF SYSTEM TRIPPED (INJ. / ANNULUS)	— / —	— / —	
HIGHEST INJECTION PRESSURE NOTED ON CHARTS (psi)		13" VAC.	
ARE RECORDS RETAINED ON SITE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY ANOMALIES OR SPIKES NOTED ON CHARTS?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
RECORDS REVIEWED DURING INSPECTION?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	RESULTS OF RECORD REVIEW

WELL TESTING

NONE @ THIS TIME.

<input type="checkbox"/> Part I (SAPT) Date/Time	<input type="checkbox"/> Part II
<input type="checkbox"/> RTS	<input type="checkbox"/> Oxygen Activation
<input type="checkbox"/> Temperature	<input type="checkbox"/> Noise
<input type="checkbox"/> Ambient Reservoir Monitoring	<input type="checkbox"/> Frac/Microfrac
<input type="checkbox"/> Casing Inspection	<input type="checkbox"/> Cement Bond Log

☐ Other (specify)

SITE CONDITIONS (Remember to record any changes since last inspection)

Well Head Appearance

VERY CLEAN - NO SPILLS - NO LEAKS.

Annulus Tank System

(tank volume, tank setup, etc.)

VOLUME = 35 GAL. BAKED W/ NITROGEN FOR PRESSURE.

Monitoring Equipment

STRIP RECORDER - KIMRAY COMPUTER, BATTERY BACKUP W/
SOLAR PANEL.

Holding Tanks

(e.g., # of, volumes, signs, etc.)

6 - HOLDING TANKS = 400 BBL. EACH.

Piping

(e.g., coming from ?, leaks ?)

PIPES CONNECTED TO TANKS AND GOES TO WELL.
NO LEAKS OR SPILLS.

Injection Equipment

(e.g., pump types, etc.)

NO PUMPS - WELL IS ON GRAVITY.

Photo's Taken?

☒ No☐ Yes (How many ?)

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

Address (EPA Regional Office) U.S.E.P.A. Region V 77 W. Jackson WU - 16 - J Chicago, IL 60604	Talib Syed & Associates, Inc. 3595 S. Teller Street Suite #405 Lakewood, Co 80235 (303) 969-0685	Firm To Be Inspected <i>NORTHEASTERN EXP.</i> <i>JOHANNESBURG, MI</i>
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Date <i>8-9-2004</i>	Notice of inspection is hereby given according to Section 1445(b) of the Safe Drinking Water Act (42 U.S.C. §300 f et seq.).
Hour <i>11:30A.</i>	

Reason For Inspection

For the purpose of inspecting records, files, papers, processes, controls and facilities, and obtaining samples to determine whether the person subject to an applicable underground injection control program has acted or is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

ROUTINE INSPECTION

DAVIS # 1-19 MOEQ # 39935

MI-119-1I-0002

Section 1445(b) of the SDWA (42 U.S.C. §300 j-4 (b)) is quoted on the reverse of this form

Receipt of this Notice of Inspection is hereby acknowledged.

Firm Representative <i>Paul Husted</i>	Date <i>8-9-2004</i>	Inspector <i>Charles E. Brown</i>
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